

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Gulf  
Township of Chickasaw

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**21177**

In. Town of ..... Registration District No. 2204 Registered No. 110  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward .....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Laura Mook Cat If child is not yet named, make supplemental report as directed

(4) Twin or triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11 1937  
To be answered only in event of twins or triplets. (State of Month) (Day) (Year)

FATHER.  
FULL NAME Gen. P. Cat  
PRESENT POSTOFFICE OF FATHER Taylor R-2  
COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)  
BIRTHPLACE Pennsylvania  
OCCUPATION Farmer  
Number of children born to mother, including present birth 10

MOTHER.  
(14) NAME BEFORE MARRIAGE Mamie Powers  
(15) PRESENT POSTOFFICE OF MOTHER Taylor R-2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Gaffney S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at ..... M. on the date above stated.  
Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) W. M. Samuel  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Taylor S.C.

Sex name added from a supplemental report  
..... 101.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by .....)  
(27) Filed 8-0-37 (28) W. M. Samuel Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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